

State: Tennessee

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220 / 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

/ The State covers all individuals as described above.

1902(a)(10)(A) / The State covers only the following
(ii) and 1905(a) group or groups of individuals:
of the Act

_____ Individuals under the age of--
_____ 21
_____ 20
_____ 19
_____ 18
_____ Caretaker relatives
_____ Pregnant women

42 CFR 435.222 7. X a. All individuals who are not
1902(a)(10) described in section
(A)(ii) and 1902(a)(10)(A)(i) of the Act, who
1905(a)(i) of meet the income and resource
the Act requirements of the AFDC State
plan, and who are under the age of 21
as indicated below:

X 21
_____ 20
_____ 19
_____ 18

*Agency that determines eligibility for coverage.

No. 92-6
Supersedes
TN No. 86-23

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

State: Tennessee

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

/X/ b. Reasonable classifications of individuals described in (a) above, as follows:

X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

X (a) In foster homes (and are under the age of 21).

X (b) In private institutions (and are under the age of 21).

X (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21).

X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).

X (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.

X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).

*Agency that determines eligibility for coverage.

No. 92-6
per sedes
TN No. 86-23(pages 12 & 13)

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

State: Tennessee

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

X (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

*Agency that determines eligibility for coverage.

No. 92-6
persedes
TN No. 86-23(page 13)

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

State: Tennessee

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10) /X/
(A)(ii)(VIII)
of the Act

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--
- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<u>X</u>	21
<u> </u>	20
<u> </u>	19
<u> </u>	18

*Agency that determines eligibility for coverage.

No. 92-6
persedes
TN No. 88-4

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 14a
OMB No.: 0938-

State: Tennessee

Agency* Citation (s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223 /

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

_____ Individuals under the age of--
_____ 21
_____ 20
_____ 19
_____ 18
_____ Caretaker relatives
_____ Pregnant women

*Agency that determines eligibility for coverage.

No. 92-6
Supersedes
TN No. 88-4 (page 14)

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

State: Tennessee

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 / 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

*Agency that determines eligibility for coverage.

No. 92-6
Supersedes
TN No. 86-23

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

State: Tennessee

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | |
|----------------|--|
| 42 CFR 435.230 | <p>_____ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.</p> <p>_____ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.</p> <p>_____ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.</p> <p>_____ (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.</p> <p>_____ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.</p> <p>_____ (9) Individuals in additional classifications approved by the Secretary as follows:</p> |
|----------------|--|

*Agency that determines eligibility for coverage.

No. 92-6
Supersedes
TN No. 86-23

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

State: Tennessee

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

_____ Yes.

_____ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

No. 92-6
persedes

Approval Date 6-2-92

Effective Date 1/1/92

TN No. 86-23(page 16)

HCFA ID: 7983E

State: Tennessee

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

/ 11. Section 1902(f) States and SSI criteria States
without agreements under section 1616 or 1634
of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- _____ (1) All aged individuals.
- _____ (2) All blind individuals.
- _____ (3) All disabled individuals.

*Agency that determines eligibility for coverage.

No. 92-6
persedes
TN No. NEW

Approval Date 6-2-92

Effective Date 1/1/92

HCFA ID: 7983E

Revision: HCFA-Region IV
July 1989

ATTACHMENT 2.2-A
Page 17a

STATE: Tennessee

Agency* Citation(s)

Groups Covered

1902(a)(10)(A)
(ii)(IX) and
1902(1) of the
Act, P.L.
99-509
(Sections
9401(a) and (b))

x

13. The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount up to 185% of the Federal poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and infant or child and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age, (effective April 1, 1987).

Section 4101(a) of
P.L. 100-203

(covered up to 185% of the Federal poverty line)

Infants covered under items (13) above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

*Agency that determines eligibility for coverage.

D1021240

TN # 91-36
Supersedes
TN # 90-8

Approval Date 11/20/91

Effective Date 7/1/91